

**TOOELE CITY BENEFIT COSTS
REGULAR EMPLOYEES
2009-2010**

	BI-WEEKLY AMOUNTS (24 PERIODS)				MONTHLY AMOUNTS			COBRA RATES
		Employee	City	Employee &	Employee	City	Employee &	
		Deduction	Premium	City Total	Deduction	Premium	City Total	
PEHP Preferred Option 2	Single	\$13.93	\$235.73	\$249.66	\$27.86	\$471.46	\$499.32	\$509.31
	Double	\$128.30	\$388.47	\$516.77	\$256.60	\$776.94	\$1,033.54	\$1,054.21
	Family	\$222.85	\$476.16	\$699.01	\$445.69	\$952.32	\$1,398.01	\$1,425.97
Advantage Option 1	Single	\$0.00	\$235.73	\$235.73	\$0.00	\$471.46	\$471.46	\$480.89
	Double	\$101.83	\$388.47	\$490.30	\$203.65	\$776.94	\$980.59	\$1,000.20
	Family	\$160.28	\$476.16	\$636.44	\$320.56	\$952.32	\$1,272.88	\$1,298.34
Advantage Option 2	Single	\$0.00	\$206.21	\$206.21	\$0.00	\$412.42	\$412.42	\$420.67
	Double	\$38.38	\$388.47	\$426.85	\$76.76	\$776.94	\$853.70	\$870.77
	Family	\$101.22	\$476.16	\$577.38	\$202.43	\$952.32	\$1,154.75	\$1,177.85
Summit Care Program Option 1	Single	\$0.00	\$206.21	\$206.21	\$0.00	\$412.42	\$412.42	\$420.67
	Double	\$38.38	\$388.47	\$426.85	\$76.76	\$776.94	\$853.70	\$870.77
	Family	\$101.22	\$476.16	\$577.38	\$202.43	\$952.32	\$1,154.75	\$1,177.85
Summit Care Program Option 2	Single	\$0.00	\$184.77	\$184.77	\$0.00	\$369.53	\$369.53	\$376.92
	Double	\$0.00	\$382.45	\$382.45	\$0.00	\$764.89	\$764.89	\$780.19
	Family	\$41.16	\$476.16	\$517.32	\$82.32	\$952.32	\$1,034.64	\$1,055.33
Preferred Choice Dental	Single	\$0.00	\$22.95	\$22.95	\$0.00	\$45.90	\$45.90	\$46.82
	Double	\$2.48	\$26.67	\$29.15	\$4.96	\$53.34	\$58.30	\$59.47
	Family	\$7.78	\$34.62	\$42.40	\$15.56	\$69.24	\$84.80	\$86.50
Vision Plan I	Single	\$0.00	\$2.50	\$2.50	\$0.00	\$5.00	\$5.00	
	Double	\$1.00	\$4.00	\$5.00	\$2.00	\$8.00	\$10.00	
	Family	\$3.00	\$7.00	\$10.00	\$6.00	\$14.00	\$20.00	
Basic Life	Employee	\$0.00	\$4.95	\$4.95	\$0.00	\$9.90	\$9.90	
	Dependent	\$0.21	\$0.32	\$0.54	\$0.43	\$0.64	\$1.07	
Basic AD&D	Employee	\$0.00	\$0.83	\$0.83	\$0.00	\$1.65	\$1.65	
	Family	\$0.00	\$1.70	\$1.70	\$0.00	\$3.40	\$3.40	
Short Term Disability	Employee	\$1.50	\$5.80	\$7.30	\$3.00	\$11.60	\$14.60	

HEALTH INSURANCE WAIVER PAYBACK W/ PROOF OF OTHER INSURANCE = \$2650

PENDING COUNCIL APPROVAL